

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**

**Department of Health**

**Health Regulation  
& Licensing Administration**



**INTERMEDIATE CARE FACILITIES DIVISION**

**PROGRAM STATEMENT**

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**OPERATIONAL DEFINITION OF AN ASSISTED LIVING RESIDENCE**

Assisted Living Residence or ALR means an entity, whether public or private, for profit or not for profit, which combines housing, health, and personalized assistance, in accordance to individually developed service plans, for the support of individuals who are unrelated to the owner or operator of the entity.

Assisted Living Residence or ALR does not include a group home for mentally retarded persons as defined in section 2(5) of the Health-Care and Community Residence Facility, Hospice and Home Care Licensure Act of 1983 or a Mental Health Community Residence Facility as that term is used in Chapter 38 of Title 22 of the District of Columbia Municipal Regulations.

**RESTRICTIONS:**

Pursuant to the Act, an ALR shall not use in its title the words “hospital,” “sanatorium,” “nursing,” “convalescent,” “rehabilitative,” “sub acute,” or “hospice.”

## DESCRIBE YOUR PROGRAM

**What type of Program has been developed for your residents?**

[illegible]

## PHYSICAL DESCRIPTION OF THE FACILITY

### Exterior:

1. Brick ☐ Wood ☐ Brick/wood ☐ Aluminum Siding ☐

Other: \_\_\_\_\_

2. Attached ☐ Detached ☐ Semi-detached ☐ Row ☐

Other: \_\_\_\_\_

### Interior:

	Number of Facilities	Location
1. Toilet Facilities (number and location)	_____	_____
2. Hand washing Facilities (number and location)	_____	_____
3. Bedrooms (number and location)	_____	_____

## STAFFING PATTERN

### Type of Staff Employed: (List types and numbers)

1. Name of Assisted Living Administrator ( ALA ) with days of week and hours of the day in the facility:

Name of ALA	Days of Week	Hours Per Day
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Names of other staff (days of week, hours of the day and description of their responsibilities) working in the facility:

Staff Member	Days of Week	Hours Per Day	Responsibilities
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Names of volunteers (days of week, hours of the day and description of their responsibilities) working in the facility.

Volunteer	Days of Week	Hours Per Day	Responsibilities
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**POPULATION SERVICED**

☐ Men Only

☐ Women Only

☐ Women and Men

Age Range: \_\_\_\_\_

## SERVICES PROVIDED

Mark the appropriate box, indicating how the service is provided.

### Services Provided

	<u>Direct</u>	<u>Contract</u>	<u>Resources</u>
Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laundry Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Work Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dietary Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recreation Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Mental Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dentistry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nursing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupational Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech and Language Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Health Agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## RESIDENT ACTIVITIES

Books ☐

Periodicals ☐

Newspaper ☐

Audio and Audio-Visual  
Entertainment ☐

Local Activities  
(Give name and location)

Name

Location

_____	_____
_____	_____
_____	_____
_____	_____

[illegible]

[illegible]

[illegible][illegible]

[illegible]

[illegible]

[illegible]